

## REASONABLE ACCOMMODATION REQUEST FOR EXAMINATION FOR DISABLED CANDIDATES

In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the California Architects Board (CAB), Landscape Architects Program provides "reasonable accommodations" for applicants with disabilities that may affect their ability to take required examinations. It is the applicant's responsibility to notify the Landscape Architects Program of the desired accommodation(s). We are not required to provide accommodations if we are unaware of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_  
(Last/First/Middle)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (Work) \_\_\_\_\_ (Home)

**NOTE:** If the requested accommodation involves modifying the examination administration procedures (i.e., additional testing time, a reader or writer) please obtain a professional verification described on the reverse side. If the request is limited to wheelchair access, or sitting in the front of the room, professional verification is not required.

Please respond to the following. Attach additional sheets as needed.

My disability is (e.g., hearing impairment, learning disability, etc.):

\_\_\_\_\_  
\_\_\_\_\_

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reasonable accommodation(s) I am requesting is:

_____ Wheelchair access	_____ Separate testing area
_____ Reader as accommodation for visual or motor impairment	_____ Sign language interpreter
_____ Scribe as accommodation for visual or motor impairment	_____ Written instructions as accommodation for hearing impairment
_____ Extended testing time	_____ Large print materials
_____ Specified breaks during testing (Also available for lactating mothers)	_____ Other _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify that I agree to the modified testing condition(s) authorized by the Program and I will not discuss the exam content with anyone other than authorized representatives of the board. I give permission for CAB, Landscape Architects Program to contact the professional verifying my disability to discuss the findings of their report, if necessary. I authorize the Landscape Architects Program to notify the Council of Landscape Architectural Registration Board (CLARB) of any accommodations made to my test administration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MODIFICATIONS REQUESTED (Please check the modifications that you are requesting.)

Additional Testing Time (Please specify timeframe if not listed below, e.g., 15-minute break after each hour of testing time.)

Percentage Additional Time Requested:	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Over One Day:										
Over Two Days:										
Over Three Days:										

Separate Room (This is required if there will be verbalization either by the applicant or by the reader/recorder.)

Reader

Sign Language Interpreter (Provisions for an individual to serve as a translator between the applicant and the administrator.)

No photo for religious reasons (No photos are taken of candidates during the examination by examination staff.)

Special Chair/Table (Specify)

Special Lighting (Specify)

Other (Specify)

Modifications to the following section(s):

All Sections (Three Days)

Section A – Legal and Administrative Aspects of Practice (2 hours)

Section B - Analytical Aspects of Practice (3 hours)

Section C – Planning and Site Design (7 hours)

Section D - Structural Considerations and Material and Methods of Construction (4 hours)

Section E – Grading, Drainage and Storm Water Management (5 hours)

California Section (2 hours)

COMMENTS:

Signature

Date